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REPORT ON THE MAPPING OF POTENTIAL GRANTEES

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Submitted to: William Kanweka, COTR
USAID Zambia



Abt Associates Inc. ■ 4550 Montgomery Avenue, Suite 800 North ■
Bethesda, Maryland 20814 ■ Tel: 301.347.5000 ■ Fax: 301.913.9061
■ www.abtassociates.com

In collaboration with:

American College of Nurse-Midwives

Akros Research Inc.

Banyan Global

Johns Hopkins Bloomberg School of Public Health-Center for Communication Programs

Liverpool School of Tropical Medicine

Planned Parenthood Association of Zambia

TABLE OF CONTENTS

Acronyms	i
I. Introduction	1
1.1 Overview of the ZISSP Grants Program.....	1
1.2 Purpose of the Mapping Exercise.....	1
2. Methodology	3
2.1 Target Areas for Mapping of Potential Grantees.....	3
2.2 Target Population	3
2.3 Data Collection	3
3. Findings	5
3.1 Potential Grantee Organizations	5
3.2 Existing Gaps in Health Service Delivery	5
3.3 Strengths, Weaknesses, Opportunities, and Threats Analysis of the Health Service System.....	6
4. Conclusion.....	7
Annex A: Questionnaire on health service related organizations in the district.....	9
Annex 2: Questionnaire on existing gaps in health service delivery	11
Annex 3: Potential grantee organizations and program focus area.....	13
Annex 4: Health delivery gaps in the target districts	17
Annex 5: SWOT Analysis Regarding the ZISSP Program Focus Areas in the Target districts	19

ACRONYMS

ADP	Area Development Program
AIDS	Acquired Immuno Deficiency Syndrome
ARH	Adolescent Reproductive Health
ARV	Anti-Retroviral
BCC	Behavior Change Communication
CBD	Community Based Distributer
CBGMP	Community Based Growth Monitoring and Promotion
CBO	Community Based Organization
CBV	Community Based Volunteer
CHC	Community Health Coordinator
CHN	Child Health and Nutrition
CHW	Community Health Worker
CHReP	Community Health Restoration Project
CIMCI	Community Integrated Management of Childhood Illnesses
CIRDZ	Center for Infectious Disease Research in Zambia
COIHEP	Community Integrated Health education Program
CTC	Counseling and Testing Center
DAPP	Development Aid from People to People
DHO	District Health Office
D-WASHE	District Water and Sanitation Health Education Program
EFZ	Evangelical Fellowship of Zambia
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
FAWEZA	Forum for African Women Educationists of Zambia
FBO	Faith Based Organization
FP	Family Planning
GFC	Group Focused Consultation

HBC	Home Based Care
HIV	Human-Immuno Deficiency Virus
HMIS	Health Management Information System
ITN	Insecticide Treated Mosquito Net
IYCF	Infant and Young Child Feeding
LUFAID	Luapula Focus on Aid in Distress
MAMAZ	Mobilizing Access to Maternal Health Services in Zambia
MDWDA	Mansa District Women Development Organization
NGO	Non Governmental Organization
NHC	Neighborhood Health Committee
NZP+	Network of Zambian People Living with HIV
PHO	Provincial Health Office
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
RDT	Rapid Diagnostic Testing
RH	Reproductive Health
SMAGs	Safe Motherhood Action Groups
STI	Sexually Transmitted Infections
SWOT	Strength, Weakness, Opportunities, Threats
TB	Tuberculosis
THAPAZ	Traditional Health Practitioners Association of Zambia
VCT	Voluntary Counseling and Testing
USAID	United States Agency for International Development
WLEO	Women Leadership Enhancement Organization
ZINGO	Zambia Interfaith Networking Group on HIV/AIDS
ZISSP	Zambia Integrated Systems Strengthening Program

I. INTRODUCTION

I.1 OVERVIEW OF THE ZISSP GRANTS PROGRAM

The Zambia Integrated Systems Strengthening Program (ZISSP) will finance the implementation of small and medium sized projects which contribute directly to the Program's goals. The geographic scope of the ZISSP Grants Program will be limited to the 27 districts approved by the Zambian Ministry of Health (MOH) and the United States Agency for International Development (USAID)/Zambia as "ZISSP target districts."

The ZISSP Grants Program is the main project mechanism for supporting outreach to communities in the 27 target districts. Grants will be used to address critical gaps in health information, services and/or capacity at the community level. Grant funds will be used by organizations that are implementing health communication and service delivery interventions directly with community groups such as the Neighborhood Health Committees (NHCs) and Safe Motherhood Action Groups (SMAGs) and community level health volunteers – community health workers (CHWs), community-based distributors (CBDs), and others.

I.2 PURPOSE OF THE MAPPING EXERCISE

ZISSP conducted the mapping exercise in order to identify legal and/or women-led organizations as potential grantees. These are organizations implementing health related activities in the nine districts targeted for the Grants Program for the year 2011. The exercise also identified gaps in the provision of health information and other services.

Results of the mapping exercise will be used to:

- Facilitate the development of the scope of work for grant competition, which will make it possible for grantees to address identified gaps;
- Plan for other grant making processes, including bidders' meetings and applicant assessments;
- Identify women-led organizations to participate in the Grants Program by designing fundable initiatives which will overcome gender related barriers to health information and services.

2. METHODOLOGY

2.1 TARGET AREAS FOR MAPPING OF POTENTIAL GRANTEES

The exercise was conducted in nine districts earmarked for the Grants Program for 2011. These districts were selected from the 27 districts approved by the Zambian MOH and USAID/Zambia as “ZISSP target districts.” Table 1 below lists the provinces and selected districts targeted for the mapping exercise.

TABLE 1: PROVINCES AND SELECTED DISTRICTS TARGETED FOR THE MAPPING EXERCISE

#	Province	District
1	Central	Serenje
2	Copperbelt	Luanshya
3	Western	Lukulu
4	Lusaka	Luangwa
5	North Western	Mwinilunga
6	Northern	Mpika
7	Eastern	Lundazi
8	Luapula	Mansa
9	Southern	Sinazongwe

2.2 TARGET POPULATION

Organizations implementing health related activities in the nine districts participating in the Grants Program this year were targeted for the mapping exercise.

2.3 DATA COLLECTION

Data were collected using questionnaires developed by ZISSP in consultation with the MOH. ZISSP Community Health Coordinators (CHCs) and their Provincial Health Office (PHO) counterparts collected information in collaboration with District Health Offices (DHOs). The questionnaires used in data collection are presented as Annexes 1 and 2.

3. FINDINGS

This section has three parts, namely potential grantee organizations, existing gaps in the provision of health services and a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of health service provision.

3.1 POTENTIAL GRANTEE ORGANIZATIONS

A total of 101 organizations (29 female headed, 72 male headed) were identified as potential grant recipients as they are legally registered entities in Zambia and have experience in managing donor funds. The organizations also demonstrated proven and acceptable technical capacity in one or more of the following areas:

- Health promotion, behavior change communication and social mobilization.
- Delivery of high impact health services (malaria, HIV/AIDS, maternal and newborn health, family planning, adolescent health, child health and nutrition (CHN)).

Table 2 below lists the number of potential grantee organizations per district and province, while Annex 3 provides details on these organizations. Table 2 also shows the number of organizations which are female headed.

TABLE 2: POTENTIAL GRANTEE ORGANIZATIONS PER DISTRICT AND PROVINCE

No.	Province	District	# Organizations	# Female led
1	Central	Serenje	06	01
2	Copperbelt	Luanshya	14	02
3	Western	Lukulu	15	02
4	Lusaka	Luangwa	06	01
5	North Western	Mwinilunga	07	01
6	Northern	Mpika	06	03
7	Eastern	Lundazi	12	04
8	Luapula	Mansa	19	05
9	Southern	Sinazongwe	16	10
Total			101	29

3.2 EXISTING GAPS IN HEALTH SERVICE DELIVERY

The health delivery system in the target districts shows a number of gaps, which can be summarized as follows:

- Inadequate or wrong information
- Communities not engaging in health seeking behaviors
- Weak or lack of health systems
- Inaccessible or inadequate health services

- Lack of transport for community groups and community volunteers.

These gaps formed the basis for the development of the annual program statement and scope of work for grant competition. Annex 4 provides a detailed list of health delivery gaps.

3.3 STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ANALYSIS OF THE HEALTH SERVICE SYSTEM

Results show that all the nine districts have a presence of cooperating partners, including non-governmental organizations (NGOs), all of which are established with some level of technical capacity. With proper coordination, stakeholders can bring about a strong community response to health related problems. The SWOT analysis table is presented in Annex 5.

4. CONCLUSION

All the identified organizations are prospective partners as they meet the minimum criteria for grant competition.

ANNEX A: QUESTIONNAIRE ON HEALTH SERVICE RELATED ORGANIZATIONS IN THE DISTRICT

#	Name of CBO/FBO/ NGO	Is the organization registered or affiliated to a registered organization (Tick what is applicable)		Geographical location of organization	Is the organization female or male led		Name, title & number of contact person	What are the focus areas of the organization (*Refer to key below and tick what is applicable)							Does the organization have experience in managing donor funded projects (Tick what is applicable)		
		Yes	No		Male	Female		1	2	3	4	5	6	7	Yes	No	

*Key

- 1 Malaria
- 2 EmONC
- 3 Child Health and Nutrition
- 4 Family Planning
- 5 Adolescent Reproductive Health
- 6 HIV/AIDS
- 7 Integrated Reproductive Health

ANNEX 2: QUESTIONNAIRE ON EXISTING GAPS IN HEALTH SERVICE DELIVERY

1. What health services are needed by communities in this district (family planning, integrated reproductive health, adolescent reproductive health, malaria, EmONC, HIV/AIDS, child health and nutrition)?
2. What are the existing gaps in health service delivery in this district?
3. Fill in the SWOT table below:

No	Area of Focus	Strengths	Weaknesses	Threats	Opportunities
1.	Family planning				
2.	Adolescent reproductive health				
3.	Malaria				
4.	Child health and nutrition				
5.	Integrated reproductive health				
6.	EmONC				
7.	HIV and AIDS				

ANNEX 3: POTENTIAL GRANTEE ORGANIZATIONS AND PROGRAM FOCUS AREA

District	Name of organization	Female /male headed	Program focus areas
Serenje	DAPP	M	HIV/AIDS programs including care and support and prevention
	ZINGO	M	HIV/AIDS
	Roan Youth Development	M	HIV/AIDS
	CARE	M	Child health and nutrition
	MAMAZ	F	EmONC
	Central Youth Mobilization	M	HI/AIDS
Luanshya	Mpatamato HBC	M	HIV/AIDS treatment
	Prison Fellowship of Zambia	M	Health education to prisoners
	Mpatamato Youth Friendly Corner	M	HIV/AIDS/STI prevention and family planning
	Luanshya HBC	M	HIV/AIDS-prevention and treatment, VCT, BCC, nutrition in PLHIV
	COIHEP	M	HIV/AIDS-prevention and support to PLHIV
	We for Zambia	M	HIV/AIDS prevention and treatment, child health and nutrition and construction of health infrastructure
	Red Cross	M	Malaria-provision of ITNs and retreatment chemicals; BCC for epidemics
	Salvation Army	M	HIV/AIDS-palliative care, BCC, community health education
	CHReP	M	HIV/AIDS-prevention, VCT and ART defaulter tracing, BCC
	Girls Brigade of Zambia	F	HIV/AIDS prevention program
	Luanshya Anglican Community Foundation HBC	F	HIV/AIDS-hom-based care and prevention
	Marie Stopes Project	M	HIV/AIDS prevention and male circumcision
	Happy Children Community School Development Project	M	HIV/AIDS-advocacy on uptake of pediatric ARVs, youth friendly programs on abstinence
	Zambia Health Network	M	HIV/AIDS/TB and malaria
Lukulu	Sancta Maria CTC	F	HIV/AIDS and nutrition
	People's Participation Service	M	HIV/AIDS
	NZP+	F	HIV/AIDS
	CIRDZ	M	HIV/AIDS/TB
	Mbanga HBC	M	HIV/AIDS

District	Name of organization	Female /male headed	Program focus areas
	Tusano	M	HIV prevention, child health and nutrition
	Simakumba	M	HIV prevention, child health and nutrition
	Kaluwawa	M	HIV prevention, child health and nutrition
	Kashamba	M	HIV prevention, child health and nutrition
	Matoba	M	HIV prevention, child health and nutrition
	Njimetwa	M	HIV prevention, child health and nutrition
	Tukongota	M	HIV prevention, child health and nutrition
	Heritage	M	HIV prevention, child health and nutrition
	Lishuwa	M	HIV prevention, child health and nutrition
	Henwood Foundation FBO	M	HIV/AIDS-care and support
Luangwa	BHOMA Project	F	
	EFZ Mphala Yamoyo	M	Child health and nutrition, reproductive health, HIV/AIDS
	Child Fund	M	Child health and nutrition and family planning
	World Hope Care Trust	M	HIV/AIDS
	Sharing Life	M	HIV/AIDS
	Intra Health	M	HIV/AIDS
Lundazi	Thandizani	M	HIV/AIDS
	NZP+	F	HIV/AIDS
	Chikondi	M	Child health and nutrition
	Radio Chikaya	M	BCC
	Dambo	M	Reproductive health and HIV/AIDS
	Katandala	M	Reproductive health and HIV/AIDS
	Tapweleleka	M	Reproductive health and HIV/AIDS
	Chasamwa	F	Reproductive health and HIV/AIDS
	Kalungambebe	M	Reproductive health and HIV/AIDS
	Chibanga Nyama	F	Reproductive health and HIV/AIDS
	Mphamba Care Group	F	Reproductive health and HIV/AIDS
	Phikamalaza	M	Reproductive health and HIV/AIDS
Mpika	World Vision-Mpika ADP	M	Child health and nutrition, malaria
	Africare	F	EmONC, child health and nutrition
	Youth Development Org	M	HIV/AIDS
	Nascent Solution	F	Child health and nutrition
	Society for Family Health	M	Malaria
	Care	F	Family planning
Mansa	Plan Int.	F	Child health and nutrition and HIV/AIDS
	MDWDA	M	Women empowerment
	Kara counselling	M	HIV/AIDS
	Pastors Fellowship	M	HIV/AIDS
	LUFAID	M	HIV/AIDS
	NZP+	M	HIV/AIDS
	GFC	M	HIV/AIDS

District	Name of organization	Female /male headed	Program focus areas
	Catholic Diocese	F	HIV/AIDS
	Luapula Redemption	M	HIV/AIDS
	Luapula Foundation	M	HIV/AIDS, family planning
	Action for Social Development	M	HIV/AIDS
	Society for Family Health	M	HIV/AIDS
	Zambia Red Cross	M	HIV/AIDS
	Zambia Orphans Women association	F	HIV/AIDS
	Youth Advocates for Change	M	HIV/AIDS
	THAPAZ	M	HIV/AIDS
	Dackana Mansa	F	HIV/AIDS
	Care Stamp	F	HIV/AIDS
	WLEO	M	HIV/AIDS, reproductive health
Sinazongwe	World Vision ADP	M	Malaria, child health and nutrition, adolescent reproductive health, HIV/AIDS, integrated reproductive health
	Sinazongwe Central Women's Club	F	Child health and nutrition, HIV/AIDS
	Maamba Widows Association	F	HIV/AIDS
	Hatsfo	M	HIV/AIDS
	Maamba Faith Based HIV elimination	F	HIV/AIDS
	Three Pillars Association	F	HIV/AIDS
	Tuzumanane women's Club	F	HIV/AIDS
	Sinazongwe Youth Club	M	HIV/AIDS
	Victim Support Unit (Zambia Police)	M	HIV/AIDS, adolescent reproductive health
	NZP+	M	HIV/AIDS
	Channels of Hope	M	HIV/AIDS
	Kariba Women's Club	F	HIV/AIDS, child health and nutrition
	Mweezya Women's Club	F	HIV/AIDS, child health and nutrition
	Malima Women's Club	F	HIV/AIDS, child health and nutrition
	Good Hope	F	HIV/AIDS, child health and nutrition
	Tugwasanyane Mwananjoke Women's Club	F	HIV/AIDS, child health and nutrition
Mwinilunga	D-WASHE	M	Nutrition, water and sanitation
	FAWEZA	F	Health education to school children
	Bahai Faith	M	Water and sanitation education
	Red Cross	M	Emergency health services during epidemics; first aid services
	World Vision ADPs	M	Nutrition, HIV/AIDS, adolescent reproductive health
	Roman catholic Church	M	HIV/AIDS
	Keeper Zambia Foundation	M	Nutrition and sanitation

ANNEX 4: HEALTH DELIVERY GAPS IN THE TARGET DISTRICTS

No	Focus Area	Existing Gaps	Suggested Solutions
1	Family planning (FP)	<ul style="list-style-type: none"> • Inadequate information (including myths on family planning methods) • Inaccessible family planning services • Lack of family planning cards • Low family planning service uptake 	<ul style="list-style-type: none"> • BCC • Provide mobile family planning services • Provide family planning cards
2	Adolescent reproductive health	<ul style="list-style-type: none"> • Inadequate information on reproductive health issues • Inadequate youth friendly corners in health centers 	<ul style="list-style-type: none"> • BCC • Establish youth friendly corners in all health centers
3	Malaria	<ul style="list-style-type: none"> • Lack of skills for Malaria Control Agents • Lack of rapid diagnostic testing (RDT) services • Lack of skills by CHW in community IMCI • Lack of transport for Malaria Control Agents • Incorrect use of bed nets 	<ul style="list-style-type: none"> • Training in malaria control • Provide RDT services for malaria control • Training CHW in community IMCI • Provide transport for Malaria Control Agents • BCC
4	Child health and nutrition	<ul style="list-style-type: none"> • Lack of growth monitoring and promotion services and systems • Inaccessible immunization services • Lack of skills in Infant Young Child Feeding (IYCF) • Lack of referral systems for malnourished children • Lack of school health and nutrition services • Information on nutrition not adequately disseminated 	<ul style="list-style-type: none"> • Strengthen linkages between health workers and community growth monitoring promoters • Training CHW in IYCF • Formation of nutrition groups • Develop referral systems, e.g. data collection, storage and monitoring tools; referral channels for malnourished children • Provide school health and nutrition services in collaboration with Ministry of Education and other stakeholders • BCC

No	Focus Area	Existing Gaps	Suggested Solutions
5	EmONC	<ul style="list-style-type: none"> • Low staffing levels • Inadequate information • No equipment to use in facilities (e.g., BP machines, micro cuvettes, haemacues and resuscitative equipment) • Lack of skills in safe motherhood by SMAGs • Dilapidated delivery rooms • Inadequate post abortion care services • Inadequate postnatal care services • Lack of transport for SMAGs, other community groups and community based distributors • Lack of counseling services for postnatal clients 	<ul style="list-style-type: none"> • Training more CHWs in integrated RH • BCC • Procure equipment for use in facilities • Training of SMAGs in safe motherhood • Rehabilitation of delivery rooms • Provide postnatal and abortion care services • Develop systems to follow up on post abortion and postnatal clients • Procure traditional ambulances and bicycles for community groups and community based distributors • Provide counseling services for postnatal clients
6	HIV and AIDS	<ul style="list-style-type: none"> • Inaccessible ART services • Inadequate information on ART, including behavior change materials in local languages • Increase in number of clients dropping out of ART • Increase in number of people practicing high risky behaviors • Inadequate psychosocial counseling services 	<ul style="list-style-type: none"> • Provision of mobile ART services • BCC • BCC • BCC • Train more psychosocial counselors • Form and support HIV/AIDS support groups

ANNEX 5: SWOT ANALYSIS REGARDING THE ZISSP PROGRAM FOCUS AREAS IN THE TARGET DISTRICTS

No	Focus Area	Strengths	Weaknesses	Threats	Opportunities
1.	Family planning	<ul style="list-style-type: none"> Well defined catchment areas Availability of contraceptives 	<ul style="list-style-type: none"> Inadequate human resource Monthly consumption requirements not calculated Men not willing to attend family planning sessions with their partners 	<ul style="list-style-type: none"> Negative myths and beliefs on family planning Inaccessibility of family planning services 	<ul style="list-style-type: none"> Presence of cooperating partners
2.	Adolescent Reproductive Health		<ul style="list-style-type: none"> Unspecified indicators in HMIS Communities not sensitized about the service Low male involvement 	<ul style="list-style-type: none"> Inadequate/lack of youth friendly services in most facilities Lack of publicity of ARH services 	<ul style="list-style-type: none"> No community volunteers trained in youth friendly services Negative attitude of some health workers Presence of cooperating partners
3.	Malaria	<ul style="list-style-type: none"> Trained agents in malaria management Availability of systems to report on RDT consumption to medical stores Treatment guidelines and other reference materials 	<ul style="list-style-type: none"> Poor adherence to treatment and prevention guidelines Erratic supply of RDTs Most behavior change materials are in English, which cannot be understood by some community 	<ul style="list-style-type: none"> High disease burden Misuse of ITNs Inactive community volunteers Traditional beliefs and myths Inconsistent supply of RDTs and antimalarial drugs by Medical 	<ul style="list-style-type: none"> Availability of policies on malaria management, treatment and prevention Presence of cooperating partners Presence of Malaria Task Force to coordinate

No	Focus Area	Strengths	Weaknesses	Threats	Opportunities
		available <ul style="list-style-type: none"> • Availability of ITNs • Political will to fight malaria 	members	Stores	activities in the district <ul style="list-style-type: none"> • Availability of Malaria Control Agents in communities • Presence of a community radio station to disseminate malaria messages
4.	Child Health and Nutrition	<ul style="list-style-type: none"> • Availability of logistics for immunization • Presence of Nutritionists at DHO • Presence of cooperating partners in child health programs • Community participation 	<ul style="list-style-type: none"> • Lack of skills by staff in Infant and Young Child Feeding • Lack of funds to train CBVs in therapeutic programs • Inadequate health center staff to conduct outreach activities • Child health indicators not clear in HMIS • Information collected by child promoters not used for planning purposes • Nutrition groups not active • Routine vit A not consistently given to under five children • Poor data management 	<ul style="list-style-type: none"> • Inaccessible child health facilities • Inactive community based volunteers • Poor attendance at CB GMP sessions • High poverty levels • High levels of malnutrition • Lack of sustainability programs • High community based volunteer attrition due to lack of incentives 	<ul style="list-style-type: none"> • Availability of logistics, such as scales and vaccines • Monthly outreach child health sessions • Availability of cooperating partners • Presence of cooperating partners
5.	Integrated Reproductive Health/EMONC	<ul style="list-style-type: none"> • Supportive communities • Referral system for pregnant mothers 	<ul style="list-style-type: none"> • Low facility deliveries • FANC not implemented due to erratic supply of logistics and inadequate staff • Low attendance of 	<ul style="list-style-type: none"> • Inadequate community sensitization and promotion • Stigmatization of male staff by communities • Mothers still 	<ul style="list-style-type: none"> • Presence of cooperating partners, e.g., Mobilizing Access to Maternal Health Services in Zambia (MAMAZ) • Presence of

No	Focus Area	Strengths	Weaknesses	Threats	Opportunities
			antenatal care <ul style="list-style-type: none"> • Stigma by mothers to be attended to by male health workers • Inadequate and dilapidated delivery rooms • Service not accessible to many • Inadequate equipment and logistics • Lack of mother's shelters 	delivering at home <ul style="list-style-type: none"> • Myths and beliefs • Inadequate infrastructure • Shortage of trained health workers 	SMAGs in some districts <ul style="list-style-type: none"> • Availability of trained community based volunteers
6.	HIV and AIDS	<ul style="list-style-type: none"> • Availability of logistics and drugs • Availability of staff trained in ART and logistics management • Availability of a referral network system • Increased demand for HIV/AIDS services 	<ul style="list-style-type: none"> • Inadequate trained staff in ART • Inadequate space in ART clinics • Lack of systems for PMTCT follow ups • ART indicators not clear • Low up take of provider initiated counseling and testing • Dependency on donors 	<ul style="list-style-type: none"> • Inadequate lay and adherence counselor • Irregular CD4 count on ART clients • Weak referral network system • Myths and misconceptions 	<ul style="list-style-type: none"> • Presence of cooperating partners